

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582598

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		1				
5		1				
6		0				
7		0				
8		0				
9		0				
10		1				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		2				
20		0				
21		0				
22		2				
23		0				
24		0				
25		0				
26		2				
27		2				
28		0				
29	1					
30		1				
31			1			
32						
33						
34						
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42						
43						
44						
45						
46						
47						
48			1			
49			1			
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						